



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF NAME FORM
Check Cashing Service

Instructions:

1. Please complete this form when requesting a change of name or adding a dba name to be used in Connecticut for a licensed location.
2. Please return original license(s) with this form.
3. Please check our website for current licensee names. The name you choose cannot be too similar to an existing name.
4. Please forward a check in the amount of \$100 (nonrefundable fee) made payable to "Treasurer, State of Connecticut."

Changes of name or adding a dba name will not be processed until ALL the necessary forms and fees are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

LICENSE NUMBER(s)

CURRENT NAME OF LICENSEE

CURRENT DBA NAME (if applicable)

Street Address

City/Town

State/ZipCode

Telephone Number

PROPOSED NAME OF LICENSEE

PROPOSED D/B/A NAME (if applicable)

Street Address

City/Town

State/ZipCode

Name of person completing this form _____ Date: _____

Telephone # _____ E-mail Address _____